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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30285

Registration District No. 175 Primary Registration District No. 4277 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City of Verona
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Verona
(If outside city or town limits, write "RURAL")
(d) Street No. City of Verona
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elverdia J. McKilvey
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug 18 (Month) 1859 (Day) (Year)

8. AGE: Years 89 Months 0 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Jasper County (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Hammer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Neal
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Nona McKelvey
(b) Address Verona Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Springview Verona
18. (a) Signature of funeral director Oscar T. Marsh
(b) Address Aurora Mo
19. (a) 9-20-48 (Date received local registrar) (b) Ora McNatt (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1948 hour 12 minute 3:30 A.M.
21. I hereby certify that I attended the deceased from April Tenth, 1948 to Sept 12, 1948
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left Ventricular failure	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature F. Avery Watson (M. D. or other) D.O.
Address Verona Mo Date signed Sept. 12 '48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1118
Date Filed SEP 28 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Harsh

Licensed Embalmer No. 3812

P. O. Address Aurora Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.